MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02613

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaPlata; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Doris	Regina	Adams	March	22	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W.	Single	3/18/49	yrs.		4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		LaPlata Md.	

13. FATHER'S NAME Joseph Russell Adams

14. MOTHER'S MAIDEN NAME Ruby Jaindlee Harmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Joseph R. Adams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Atelectasis	3-22-49
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity	4 Days
	(c)	

462.5
159

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3-18, 1949, to 3-22, 1949, that I last saw the deceased alive on 3-22, 1949, and that death occurred at 10:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. Edelen M.D. LaPlata Md 3-23-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/23/49	Oakland Cemetery	Waldorf Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/23/49	Julia H. Vasey	Hewitt & Ryon	Waldorf Md

VS. A15

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MAR 24 1949
BUREAU V. S.

02614

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH· COUNTY: Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians' Memorial Hosp.	STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print)	(First) Ruth	(Middle) Edna	(Last) Adams	4. DATE OF DEATH	(Month) March	(Day) 19	(Year) 1949
5. SEX: Female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH: Mar. 18, 1949	9. AGE last birthday: [illegible] yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min. 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): La Plata, Charles, Maryland	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: Joseph Russell Adams	14. MOTHER'S MAIDEN NAME: Ruby Janillee Harmon						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Joseph R. Adams					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5	Immediate cause	(a) Atlectasis	6 hrs.
	Antecedent cause(s)		
159	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity	22 hrs.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18, 1949, to 3-19, 1949, that I last saw the deceased alive on 3-19, 1949, and that death occurred at 825 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Hodelen	M.D.	La Plata Md	3-19-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 3/19/49	NAME OF CEMETERY OR CREMATORY: Oakland Cemetery	LOCATION (City, town, or county) (State): Waldorf, Md.
DATE REC'D BY LOCAL REG.: 3/19/49	REGISTRAR'S SIGNATURE: Julia H. Pasey	24. FUNERAL DIRECTOR: Hunt & Ryon - Waldorf, Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 22 1949
BUREAU T. S.

Evidence for addition of #18 on:

02615

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 120 APR 27 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marbury — LENGTH OF STAY (in this place) 10 yrs.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Lilly (Middle) M. (Last) Bailey

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1949.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: May 16, 1884

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY: Church

11. BIRTHPLACE (State or foreign country): Bristol, Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Bradley

14. MOTHER'S MAIDEN NAME: Mary. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Raymond Speake, Marbury. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
250 Immediate cause	(a) Chronic Myocarditis	10 yrs.
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Goitre - not toxic (4/26/49-S.)	35 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Prolapse Bladder (Cystocele)	8 yrs.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to March 31, 1949, that I last saw the deceased alive on March 30, 1949, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE: Frank G. Susan (Degree or title) Mr. D. — ADDRESS: Indian Head. Md — DATE SIGNED: 3/31/49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial. — DATE: April 3, 1949 — NAME OF CEMETERY OR CREMATORY: Park Hill — LOCATION (City, town, or county): Marbury (State): Md.

DATE REC'D BY LOCAL REG.: 3/31/49 — REGISTRAR'S SIGNATURE: Odey Prise

24. FUNERAL DIRECTOR: Hunt & Ryan, — ADDRESS: Waldorf. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
APR 11 1949
BUREAU U. S.

02616

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Edgar (Last) Barbour

4. DATE OF DEATH (Month) (Day) (Year) 3 - 23 1949

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1/31/87
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gov. Employee
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert S. Barbour
14. MOTHER'S MAIDEN NAME Mary L. Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) War I
16. SOCIAL SECURITY NO.
17. INFORMANT Robert S. Barbour

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma tongue — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

141
45 b

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2- 1947, to 3-23, 1949, that I last saw the deceased alive on 3-23, 1949, and that death occurred at 2:00 A m., from the causes and on the date stated above.

SIGNATURE C. Redelen M. D. (Degree or title) ADDRESS La Plata, Md DATE SIGNED 3/24/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/26/49
NAME OF CEMETERY OR CREMATORY Mt. Rest
LOCATION (City, town, or county) (State) La Plata, Md.

DATE REC'D BY LOCAL REG. 3/25/49
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf, Md. ADDRESS

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02617

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH · COUNTY: Charles · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Dist. of Columbia · COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Waldorf · LENGTH OF STAY (in this place): en route	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. 301	STREET ADDRESS (If rural give location): 634 - L St NW ✓

3. NAME OF DECEASED (Type or Print)	(First) [redacted]	(Middle) Leo	(Last) Brown	4. DATE OF DEATH	(Month) MARCH	(Day) 28	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Oct. 14, 1925	9. AGE last birthday: 23 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAUFFEUR	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): WASHINGTON DC	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: CHARLES BROWN - born in Va.		14. MOTHER'S MAIDEN NAME: PEARL GANTT - born in DC	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

8195

Immediate cause (a) Fractured jaw (compound) and probable cerebral injury — minutes

Antecedent cause(s)

170C

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Automobile accident — minutes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): U.S. highway 301	(CITY OR TOWN): Rural - Waldorf	(COUNTY): Charles	(STATE): Md
TIME OF INJURY (Month) 3 (Day) 28 (Year) 1949 (Hour) 1 00 A m.	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR? Passenger in auto that hit bridge wall		

22. I hereby certify that I attended the deceased ~~from~~ on March 28, 1949, ~~to~~ ....., ~~19~~ ....., that I ~~last~~ saw the deceased ~~alive~~ on March 28, 1949, and that death occurred at 1 00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James L. MacKavanagh, M.D.	Deputy Medical Examiner	L Plt, Md	3-28-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 3/28/49	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State): Washington, D.C.
DATE REC'D BY LOCAL REG.: 3/28/49	REGISTRAR'S SIGNATURE: Julia H. Posey	24. FUNERAL DIRECTOR: Carver Memorial	ADDRESS: 29 H. St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
APR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02618

CERTIFICATE OF DEATH

Reg. Dist. No. 2-42-102

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY CHARLES; GRAYTON MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - GRAYTON; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY CHARLES; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GRAYTON; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) WALTON (Last) BROWN

4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: ABT. 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LAWYER

10b. KIND OF BUSINESS OR INDUSTRY: U.S. GOVT

11. BIRTHPLACE (State or foreign country): Nashville, Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Neill S. Brown

14. MOTHER'S MAIDEN NAME: Susan Walton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Shirley M. Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) GASTRIC HEMORRHAGE	12 HRS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARCINOMATOSIS -	4 MONTHS
	(c) ADENOCARCINOMA OF GALL BLADDER	

155 46f

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HEPATIC + SYSTEMIC METASTASES

19a. DATE OF OPERATION: 2-5-49

19b. MAJOR FINDINGS OF OPERATION: INOPERABLE MALIGNANCY OF GALL BLADDER

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4, 1949, to 3-17, 1949, that I last saw the deceased alive on 3-17, 1949, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Farran Jarboe M.D. La Plata, Md. 3-17-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Cremation May 19 1949 Williams Lees Sons Co Washington, D.C.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

Mar 17-1949 Edna F. Collins J. Williams Lees Sons Co. 300-4th St. N.E. Washington, D.C.

VS. A15

RECEIVED
MAR 23 1949
BUREAU U. S.

02619

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:

County: Chas

City or town: Waldorf Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Chas

City or town: Waldorf Md (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: NETTIE CHAPMAN

3. (b) Social Security Number

4. Sex: F

5. Color or race: Negro

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Willie

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): May 23-1889

8. AGE: Years 59 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Chas Co Md (Town, county, and state)

10. Usual occupation: House Work

11. Industry or business

FATHER

12. Name: Stephen Hawkins

13. Birthplace: Chas Co

MOTHER

14. Maiden name: Olivia Makle

15. Birthplace: Chas. Co

16. Informant: Geneva Chapman

Address: Waldorf Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3-14-49 (month) (day) (year)

Cemetery or crematory: St Peters

Location: Waldorf Md

18. Funeral director: Hunt + Ryon

Address: Waldorf Md

19. 3/14 (Date rec'd by registrar) 1949 M Waldorf Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 11 1949, at 11 34 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1948 to March 11 1949 and that I last saw her alive on March 11 1949

Immediate cause of death: Carcinoma of Cervix — DURATION: 3-4 years

Due to

Due to

171 48a

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Edwin L. Lane M.D. (M. D. or other)

Address: Waldorf Md — Date signed: 3/12/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02620

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH:

County: Charles County

City or town: Indian Head, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Indian Head

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Geneviev[illegible] Mudd Gardener

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W-US	Married

6.(b) Name of husband or wife: Thomas Cecil Gardener

6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): April 1879

8. AGE: Years	Months	Days	If less than one day
69	10		...hrs. ...min.

9. Birthplace: Bryantown, Maryland (Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business

FATHER

12. Name: Unkhown Sylvester Mudd

13. Birthplace: Unknown

MOTHER

14. Maiden name: Unknown Marion

15. Birthplace: Unknown

16. Informant: Freind, Mr. F.J. Grabis

Address: Indian Head, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-10-49 (month) (day) (year)

Cemetery or crematory: St. Peters

Location: Waldorf, Md.

18. Funeral director: Hunt & Ryon

Address: Waldorf, Md.

19. 3-7 19 49 (Date rec'd by registrar) Okey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7 March 1949 19... at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7 March 1949 19... to 7 March 19 49

and that I last saw her alive on 7 March 19 49

Immediate cause of death	Coronary Thrombosis	DURATION
Due to		
Due to	420.1	
Other conditions	94a	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Indian Head, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 11 1949
BUREAU V. S.

02621

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH COUNTY: Charles Waldorf MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) EDWARD (Last) GARNER
4. DATE OF DEATH (Month) 3 (Day) 25 (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 6-3-'70
9. AGE last birthday: 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chas Co.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Benjamin Garner
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Rollins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Benjamin Franklin Garner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound, head — 3-25-49

976 Antecedent cause(s)

164c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Farm (CITY OR TOWN): Waldorf (COUNTY): Chas. (STATE): Md.
TIME OF INJURY (Month) 3 (Day) 25 (Year) 49 (Hour) 5:45 A.M.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Medical Examiners Case 3-25-49, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: C. Edelen (Degree or title): M.D. ADDRESS: La Plata Md DATE SIGNED: 3-25-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 3/27/49 NAME OF CEMETERY OR CREMATORY: Oakland LOCATION (City, town, or county) (State): Waldorf, Md.

DATE REC'D BY LOCAL REG.: 3-26-49 REGISTRAR'S SIGNATURE: M. L. Moore
24. FUNERAL DIRECTOR: Huntt & Ryon ADDRESS: Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1949
BUREAU V. S.

02622

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Ironsides.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Ironsides
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME: Elvira Johnson

3. (b) Social Security Number

4. Sex: F

5. Color or race: C

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Wesley Johnson

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Dec. 22, 1896

8. AGE: Years 52 Months 2 Days 17 If less than one day ..... hrs. ..... min.

9. Birthplace: Charles Co. Md.
(Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business —

FATHER
12. Name: Jas Storks.
13. Birthplace: Unknown.

MOTHER
14. Maiden name: Evaline Unknown
15. Birthplace: Unknown

16. Informant: Marie Johnson
Address: Ironsides Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: March 15 1949
(month) (day) (year)

Cemetery or crematory: Oak Grove

Location: near Riverside Md.

18. Funeral director: Hunt & Ryan
Address: Waldorf Md

19. Mch. 12 1949 Mary Smithsland Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 11 1949 at 10 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1949 to Mch 1949 and that I last saw her alive on Mch 11 1949

Immediate cause of death: Tuberculosis (Pulmonary) Cardiac Disease.

Due to:

Due to:

002
13A

Other conditions:
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Geo. C. Bicknell M.D.
M. D. or other

Address: Marbury Md Date signed: Mch 12 '49

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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T

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02623

Evidence for change of birth date and addition of age is on: Film # G 120, 4.14/49 a

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10-0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piogah
STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Patricia Ann (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) 3 (Day) 31 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-23-~~47~~46

9. AGE last birthday: 2 yrs. If under 1 year: Months 9 Days 8 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Piogah Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Archie Lee Johnson

14. MOTHER'S MAIDEN NAME: Florence Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs Florence Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Encephalitis lethargica	38 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb. 23, 1949, to March 31, 1949, that I last saw the deceased alive on Mar. 30, 1949, and that death occurred at 7:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James L. MacKavanagh, M.D. ADDRESS: La Plata, Md. DATE SIGNED: 3-31-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 4/5/49 NAME OF CEMETERY OR CREMATORY: Nanjamoy Baptist LOCATION (City, town, or county) (State): Nanjamoy Md.

DATE REC'D BY LOCAL REG.: April 2 1949 REGISTRAR'S SIGNATURE: M L. Moore 4-6-149 Julia H. Posey

24. FUNERAL DIRECTOR: Hewitt & Ryon ADDRESS: Waldorf, Md.

RECEIVED
APR 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02624

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marbury
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marbury
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Nan (Middle) Cecelia (Last) Jones

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 1879

9. AGE last birthday: 69 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Charles Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Wash Chapman

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Agnes Briscoe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 **Immediate cause** (a) Hypertensive Cardio-renal Disease

131a **Antecedent cause(s)**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1948, to March, 1949, that I last saw the deceased alive on March 10, 1949, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE: Percival C. Smith, M.D. (Degree or title) ADDRESS: Indian Head, Md. DATE SIGNED: 3-24-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: March 28, 1949 NAME OF CEMETERY OR CREMATORY: St. Charles LOCATION (City, town, or county) (State): Glymont, Md.

DATE REC'D BY LOCAL REG. 3-28-49 REGISTRAR'S SIGNATURE: Mary Southerland

24. FUNERAL DIRECTOR: Penny & Cofer ADDRESS: Mason Springs Md.

RECEIVED
APR 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02625

CERTIFICATE OF DEATH

Reg. Dist. No. 106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Indian Head.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Margaret Myrtle Knott

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	White	Married.

6.(b) Name of husband or wife: Robert Hugh Knott
6.(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): June 1, 1913

8. AGE: Years	Months	Days	If less than one day
35	8		hrs. min.

9. Birthplace: Fredericksburg Virginia
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: John S. Dudley
13. Birthplace: Fredericksburg, Va.

MOTHER
14. Maiden name: Lillian M. Viar
15. Birthplace: Madison Heights Va.

16. Informant: Robert H. Knott
Address: Indian Head

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mch 7 1949 (month) (day) (year)
Cemetery or crematory: Bumpy Oak
Location: Pomonkey Md.

18. Funeral director: Hunt & Ryon
Address: Waldorf Md.

19. 3/6 19 49 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 5 1949, at 4.5 E. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 1 1949, to Mch 5 1949
and that I last saw h... alive on Mch 5 1949

Immediate cause of death	DURATION
a. Cardiac Dilatation	
Due to	
Due to 434.3	
Other conditions 95c	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: George C. Bicknell M.D.
M. D. or other
Address: Hadley Md. Date signed: Feb. 6 49

RECEIVED
APR 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02626

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles. STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Newport
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Rural) Newport

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Newport
STREET ADDRESS (If rural, give location) (Rural) Newport

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) — (Last) Knott

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: ? 1886

9. AGE last birthday: ? 63 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Newport, Charles County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Carter

14. MOTHER'S MAIDEN NAME: Nellie (Maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Joseph W. Knott (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage, Massive: Intra-ventricular — Interval between onset and death: 36 Hours

Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Essential Hypertension (300/150) — 3 years

(c) Generalized Arterio-Sclerosis — 3 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — — — — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1948, to March 17, 1949, that I last saw the deceased alive on March 16, 1949, and that death occurred at 12 20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John H. Griffin M.D. Hughesville, Md. 3/17/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 3/22/49

NAME OF CEMETERY OR CREMATORY: St Marys

LOCATION (City, town, or county) (State): New Port Md

DATE REC'D BY LOCAL REG. 3/18/49

REGISTRAR'S SIGNATURE: M L Mourik

3/22/49 Julia H. Posey

24. FUNERAL DIRECTOR: Hewitt & Ryon

ADDRESS: Waldorf

RECEIVED
MAR 23 1949
BUREAU V. S.

02627

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Grayton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 26 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Charles

City or town: Grayton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Nannie Virginia Mills.

3. (b) Social Security Number

4. Sex: F

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Walter H. Mills.

6.(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): Aug 10, 1882

8. AGE: Years 66 Months 9 Days 4 If less than one day ___ hrs. ___ min.

9. Birthplace: Pomonkey Charles C. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: John Halley.
13. Birthplace: Unknown.

MOTHER
14. Maiden name: Ella Downs.
15. Birthplace: Unknown

16. Informant: Walter Mills.
Address: Grayton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mch 16 1949 (month) (day) (year)

Cemetery or crematory: Shiloh M. E. Church,

Location: Pomonkey.

18. Funeral director: Hunt & Ryon.
Address: Waldorf Md.

19. Mch 15 1949 (Date rec'd by registrar) Mary Smithsland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 14 1949, at 2 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 1948, to Mch 1949 and that I last saw her alive on Mch 13 1949

Immediate cause of death: Carcinoma Rectum

Due to

Due to

154 Med

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Geo. C. Bicknell Mtg M. D. or other

Address: Marbury Md Date signed: Mch 15 49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02628

Evidence for change of birth date is on: Film # G 120 4.14.49 a

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Waldorf; LENGTH OF STAY (in this place) en route; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Washington~~ Dist. of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural give location) 309-R St. N.W. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hattie		Reed	March	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Divorced	July 7, 1905	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	own home	Washington, D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unk.	Hattie Pearson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No			Emma Harris (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
819.5 Immediate cause	(a) Fractured L. ankle and L. thigh	minutes
170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Probable cerebral injury	minutes
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Automobile ~~accident~~ accident	minutes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	U.S. Highway 301	Rural - Waldorf,	Charles,	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☑	HOW DID INJURY OCCUR?
3	28	49	00 A m.			Passenger in auto that hit bridge wall

22. I hereby certify that I attended the deceased ~~from~~ March 28, 1949, ~~to~~, ~~19~~, that I ~~last~~ saw the deceased ~~alive~~ on March 28, 1949, and that death occurred at 1:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James L. MacKavanagh, M.D., Deputy Medical Examiner	La Plata, Md.	3-28-49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	3/28/49		Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/28/49	Julia H. Posey	Carew Memorial	29-H St. N.W. Washington, D.C.

VS. A15

RECEIVED
APR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02629

Reg. Dist. No. 102

1. PLACE OF DEATH:

County: Charles

City or town: Nanjemoy

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? His life time

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Nanjemoy

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rurol, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME George Emory Scott

3. (b) Social Security Number

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Nettie Scott

6.(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Sept 7, 1882

8. AGE: Years: 66 Months: 6 Days: 2 If less than one day: hrs. min.

9. Birthplace: Nanjemoy Chas. Co. Md (Town, county, and state)

10. Usual occupation: Fisherman

11. Industry or business

FATHER — 12. Name: Edward Scott

FATHER — 13. Birthplace: Charles Co. Md.

MOTHER — 14. Maiden name: Mary Jenkins

MOTHER — 15. Birthplace: St. Marys Co.

16. Informant: Nettie Scott.

Address: Nanjemoy Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mch 11th 1949 (month) (day) (year)

Cemetery or crematory: Baptist

Location: Nanjemoy Md.

18. Funeral director: Hebert Ryon

Address: Waldorf, Md.

19. March 10 1949 (Date rec'd by registrar) C V Thompson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 9 1949 at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1929 19— to Mch 1949

and that I last saw him alive on Feb 27 1949

Immediate cause of death	DURATION
Ca Cardiac Failure.	
Due to: Cardio-vascular Disease.	
Due to:	
Other conditions: 422.1 932	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: George E. Pickrell M.D. M. D. or other

Address: Hughesville md Date signed: Mch 9 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
MAR 12 1949
BUREAU U. S.

02630

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Bilingsley, Md. LENGTH OF STAY (in this place) Seven (7) days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Previously hospitalized in Garfield Hospital, Wash. D.C.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural give location) Tiboli Apt. Hiatt Place. ✓

3. NAME OF DECEASED (Type or Print) (First) ADA (Middle) BEATRICE (Last) SHANER
4. DATE OF DEATH (Month) March (Day) 22 (Year) 1949
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed.
8. DATE OF BIRTH January 23, 1882
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife.
10b. KIND OF BUSINESS OR INDUSTRY None.
11. BIRTHPLACE (State or foreign country) LAUREL, MD
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME FRANCIS I. THOMPSON
14. MOTHER'S MAIDEN NAME Mary E. SHOEMAKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT daughter: Mrs Byrle S. MUDD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intestinal obstruction	10 days.
Antecedent cause(s)	(b) Malignancy of the Gall bladder	8 months.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Fractured right femur.	6 months.
	(d) decubitus ulcers, buttocks.	5½ months.

155
46f

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) none. (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none.

22. I hereby certify that I attended the deceased from 20 March, 1949, to 22 March 1949, that I last saw the deceased alive on 21 March, 1949, and that death occurred at 11:10 A.m., from the causes and on the date stated above.

SIGNATURE A. Woodd. (Degree or title) M.D. ADDRESS La Plata. Md. DATE SIGNED 22 March 49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE 3/25/49
NAME OF CEMETERY OR CREMATORY St John's Cemetery
LOCATION (City, town, or county) Forest Glen Md. (State)
DATE REC'D BY LOCAL REG. 3/22/49
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2901-14th St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02631

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Waldorf
LENGTH OF STAY (in this place) en route
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. #301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 430 - Luray Place

3. NAME OF DECEASED (Type or Print) (First) Rosalie (Middle) Edwards Sparger (Last) ~~Sparggles~~

4. DATE OF DEATH (Month) MARCH (Day) 28 (Year) 1949

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 4, 1924
9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic servant
10b. KIND OF BUSINESS OR INDUSTRY Private homes
11. BIRTHPLACE (State or foreign country) W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John O. Edwards
14. MOTHER'S MAIDEN NAME Catherine Triplett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Clarence Edwards (brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

819.5 Immediate cause (a) Multiple compound fractures and fractured skull — Minutes

Antecedent cause(s)

170 C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Automobile accident — Minutes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) State highway, U.S. 301 (CITY OR TOWN) Rural - nr. Waldorf (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) 3 (Day) 28 (Year) 1949 (Hour) 1:00 A.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Passenger in auto that hit bridge wall

22. I hereby certify that I attended the deceased on ~~from~~ March 28, 1949, to ~~—~~, ~~19—~~, that I ~~last~~ saw the deceased ~~alive~~ on March 28, 1949, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James L. MacKavanagh, M.D., Deputy Medical Examiner, La Plata Md. 3-28-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE 3/28/49
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 3/28/49
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Carver Memorial - 29 H. St. N.W. Washington, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02632

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY Charles · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY Pr. Ges.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Nellie (Middle) L. (Last) Stone.

4. DATE OF DEATH (Month) Mar. (Day) 11 (Year) 1949

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH May 27, 1860 | 9. AGE last birthday 88 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Michael Stone | 14. MOTHER'S MAIDEN NAME Susan Ann Somervell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. No | 17. INFORMANT Mr. G. Jeremiah Turner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio-Selerotic Heart Disease — acute Left Ventricular Failure — 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
420.9 93d
(b) Generalized Arterio-Sclerosis — unknown
(c) Senility — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — | (COUNTY) — | (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6-1, 1948, to 3/11, 1949, that I last saw the deceased alive on 3/11, 1949, and that death occurred at 4 45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John H. Griffin, M.D. Hughesville 3/11/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Mar. 14, 1949 | NAME OF CEMETERY OR CREMATORY St. Mary's | LOCATION (City, town, or county) (State) Aquasco, Md.

DATE REC'D BY LOCAL REG. 3-13-49 | REGISTRAR'S SIGNATURE Julia H. Casey | 24. FUNERAL DIRECTOR Ritchie Bros. | ADDRESS Upper Marlboro, Md

RECEIVED
MAR 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02633/100 Reg. Dist. No.

1. PLACE OF DEATH · COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
LENGTH OF STAY (in this place): 30 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Benedict
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) (Last) Thompson

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Abt. 1879

9. AGE last birthday: about 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Emma Joyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound of brain — 2 hrs. 20'

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Suicide — 2 hrs. 20'

976
166c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Benedict — (COUNTY): Charles — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 3 31 49 7:30 A.m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR?: Shot self in head with .38 revolver

22. I hereby certify that I attended the deceased ~~from~~ on Mar. 31, 19 49, ~~to~~ 19, that I ~~last~~ saw the deceased ~~alive~~ on March 31, 1949, and that death occurred at 9:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James L. MacKavanagh, M.D., Deputy Medical Examiner — ADDRESS: La Plata, Md. — DATE SIGNED: 3-31-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): — DATE: 4/2/49 — NAME OF CEMETERY OR CREMATORY: BENEDICT METHODIST — LOCATION (City, town, or county): Benedict — (State): Md.

DATE REC'D BY LOCAL REG: April 2 1949 — REGISTRAR'S SIGNATURE: M. L. Mower — 4-6-49 1949 Julia H. Posey

24. FUNERAL DIRECTOR — ADDRESS: Hunt & Ryon, Waldorf, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02634 05

Reg. Dist. No. .....

1. PLACE OF DEATH:

County Charles

City or town Waldorf-- Gallant Green
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Charles

City or town Rural Waedorf
(If outside city or town limits, write RURAL and give nearest town)

Street No. .....
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME Bernard Henry Vennemann

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of ~~husband or~~ wife Josephine Vennemann

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 11-27-1867

8. AGE:

Years	Months	Days	If less than one day
81	4	0	..... hrs. ..... min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Bernard Vennemann
13. Birthplace Oldesburg Germany

MOTHER
14. Maiden name Elizabeth Ostendorf
15. Birthplace Baltimore Md

16. Informant Josephine Vennemann
Address Waldorf Md.

17. Burial Date thereof 3/29/49
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Mary's

Location Waedorf, Md.

18. Funeral director Huntt & Ryon
Address Waedorf, Md.

19. 3/29 1949 M. Moore
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1949 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 25 1949 to March 27 1949 and that I last saw him alive on March 26 1949

Immediate cause of death cardiovascular collapse

Due to Tuberculosis pulmonary

Due to .....

Other conditions arteriosclerosis

(Include pregnancy within 3 months of death)

DURATION
4-5 years

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Alfred R. Lapin, M.D.
M. D. or other

Address Aquasco Md Date signed 3-28-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

RECEIVED
MAR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

not CB

02635

Reg. Dist. No. 105

1. PLACE OF DEATH · COUNTY CHARLES MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Washington. COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Waldorf. LENGTH OF STAY (In this place) one year	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington.
HOSPITAL OR INSTITUTION OR STREET ADDRESS none.	STREET ADDRESS (If rural give location) 742 New Jersey Ave. N.W.

3. NAME OF DECEASED (Type or Print) (First) JESSIE (Middle) MAY (Last) WEBSTER

4. DATE OF DEATH (Month) March (Day) 25 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
female.	US-white	Single.	July 14, 1867	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House work.	home	Washington. D.C.	US.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William A. Webster	Catharine Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	None.	Mary Mudd. McCrorken

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure	3 hrs.
155 Antecedent cause(s)		
46f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Obstructive Jaundice from Malaginia	2 days.
	(c) of the Gall bladder with metastis thru out the abdomen, and chest.	2 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.	None.	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
None	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
None m.		—

22. I hereby certify that I attended the deceased from 6 September, 1948, to 25 March, 1949, that I last saw the deceased alive on 25 March, 1949, and that death occurred at 8:25 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S B Woodly.	AB. MD.	LaPlata. Md.	25 March 49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	3/28/49	Glenwood	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/26/49	M. L. Monroe	Huntt & Ryon,	Waldorf, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

M

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RECEIVED
MAR 28 1949
BUREAU V. S.

02636

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

EVIDENCE FOR CHANGE OF AGE IS ON FILM # G119 - 3-28-49

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:

County: Chas

City or town: Waldorf

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: MD County: Chas

City or town: Waldorf MD

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: John Andrew Young

3. (b) Social Security Number

4. Sex: M

5. Color or race: C

6.(a) Single, married, widowed, or divorced: M

6.(b) Name of ~~husband~~ or wife: ~~[illegible]~~ Lizzie

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 12-15-1892

8. AGE: Years: 56 ~~57~~ Months: 2 Days: 29 If less than one day ..... hrs. ..... min.

9. Birthplace: Charles (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: Wilson Young

13. Birthplace: Charles

MOTHER

14. Maiden name: Mary Hagedy

15. Birthplace: Charles

16. Informant: Lizzie Young (wife)

Address: Waldorf, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-16-49 (month) (day) (year)

Cemetery or crematory: Zion Wesley

Location: Waldorf MD

18. Funeral director: Hunt & Ryan

Address: Waldorf MD

19. 3/14 1949 M L Moore

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-13 1949 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ....., to ..... 19 .....

and that I last saw h ..... alive on ..... 19 .....

Immediate cause of death: Coronary Occlusion — DURATION: 3-13-49

Due to: 420.1 / 94a

Due to:

Other conditions: Medical Examiner's Case

(Include pregnancy within 3 months of death)

Major findings of operations: Case

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... injured at work?

23. SIGNATURE: E Redden M.D. (M. D. or other)

Address: LaPlate Md Date signed 3-13-49

VS A15 9-45-15M

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MAR 17 1949
BUREAU V. S.